

Volume 1, Pages 1-121, Exhibits 1-12

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS
Civil Action No. 04-12031-JLT

RAJENDRA D. BADGAIYAN, MD

Plaintiff

v.

ANTHONY J. PRINCIPI,

Secretary, Department of Veterans Affairs;

THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE;

GRACE J. MUSHRUSH, MD

Defendants

DEPOSITION of ROBERT WILLIAM MC CARLEY, MD

Thursday, March 2, 2006, 1:15 to 4:36 PM

Law Office of Paul H. Merry, Esq.

50 Congress Street, 10th Floor

Boston, Massachusetts

----- JONATHAN H. YOUNG, RDR, CRR -----

COURT REPORTER

1 Dr. Badgaiyan and the Veterans Administration and
2 Harvard with relation to his treatment while he was
3 a resident in something called the Harvard South
4 Shore psychiatric residency program.

5 When those things happen, as they
6 do, the court rules empower lawyers to ask people to
7 come in and answer questions, people who the lawyers
8 have reason to think have specific knowledge about
9 the details of the disagreement.

10 The purpose is to try to improve
11 everybody's understanding of what happened, and
12 hopefully lead to a resolution without more of this
13 having to take place, including not having to have a
14 trial.

15 Dr. Badgaiyan believes that you may have
16 some knowledge, and that's why he has asked that we
17 talk with you.

18 It's not meant to be an unpleasant or
19 difficult process; and if you need to take a break
20 at any time, or if you wish to speak with your
21 lawyer, we'll certainly accommodate you.

22 I would ask that you not ask to speak
23 with your lawyer if there's a question that hasn't
24 been answered; but apart from that, just say the

1 word and we will accommodate you.

2 One other thing. The stenographic
3 record unfortunately does not record shakings or
4 noddings of the head; and huh-uh...

5 A. Doesn't work.

6 Q. ... isn't very helpful either, really.

7 I would just suggest that you try to
8 utter a word...

9 A. Say, yes, no, et cetera?

10 Q. Thank you.

11 What did you do to get ready for the
12 deposition today?

13 A. I reviewed the material that Mr. Field sent
14 you, the e-mails.

15 Q. Anything else?

16 A. That's pretty much it.

17 Q. Did you speak with anyone?

18 A. Mr. Field.

19 Q. I'm not asking what you said to him. Did
20 you speak to anyone else besides Mr. Field?

21 A. You mean about...

22 Q. In preparation for this deposition today.

23 A. In preparation for this deposition today?

24 No, I didn't.

1 Q. Okay.

2 A. I mean, people knew I was being deposed,
3 but I didn't give content.

4 Q. Are you on any medications today that would
5 affect your ability to answer questions accurately
6 and truthfully?

7 A. No, I'm not.

8 Q. Is there any other reason why you'd have
9 difficulty answering truthfully and accurately the
10 questions today?

11 A. No.

12 A nod doesn't work!

13 Q. Could you give me your date of birth,
14 please?

15 A. August 17, 1937.

16 Q. Are you married?

17 A. Yes.

18 Q. Do you have any children?

19 A. Two children.

20 Q. Could you describe your education, starting
21 with high school, up through the highest level of
22 formal education you've completed?

23 A. Sure. I went to Mayfield High School,
24 graduated in 1955.

1 after you arrived as associate chief?

2 A. In 1993 or 1994 I became chief.

3 Q. Any changes since then?

4 A. Yes. It's a little complicated. Brockton-
5 West Roxbury was a separate institution up until
6 about the year 2000.

7 So at the Brockton-West Roxbury I was
8 head of mental health, and also chief of psychiatry,
9 and also deputy chief of staff for mental health.

10 With the merger of Brockton-West
11 Roxbury with the Jamaica Plain VA, I became head
12 of mental health, simply; and also retained the
13 title of chief of psychiatry. The institution
14 changed.

15 Q. Would this be the, what do they call it,
16 mental-health service lines?

17 A. That's correct, yes. It was head of mental
18 health, but another official title was a manager of
19 the mental-health service lines. The VA moved
20 toward the service-line organization.

21 Q. By the way, I meant to ask, where is
22 Mayfield High School?

23 A. In Mayfield.

24 In Mayfield, Kentucky. It's in the

1 program began there were wards where GPs were
2 treating people with psychiatric diagnoses. Do
3 you recall that?

4 A. I don't recall GPs treating people with
5 psychiatric diagnoses. You're talking about which
6 time period, now?

7 Q. Well, the time period when the residency
8 program began.

9 A. Not that I know of, or can recall, that
10 there were GPs around.

11 I wasn't so terribly involved in the
12 clinical-administration side until I became chief,
13 and I don't recall at that time that there were GPs
14 also.

15 Q. You mentioned that you are a tenured full
16 professor at Harvard Medical School. When did you
17 first get appointed to the Harvard Medical School
18 faculty?

19 A. Well, actually when I was an intern at
20 the Brigham I was an instructor, and then at Mass
21 Mental Health I was an instructor, and then rose up
22 the academic ladder; so pretty much from internship
23 on through now.

24 Q. Can you by any chance recall when you went

1 Typical grants are in the range of, over
2 five years, probably \$2 million, \$3 million;
3 somewhere in that ballpark.

4 Q. What's the largest number of grants you've
5 been working under at any given time?

6 A. From NIH, probably three or four.

7 Q. When you were appointed to the Harvard
8 faculty, how did that occur?

9 A. Harvard has a strict procedure. You're
10 talking about which level; the instructor level, or
11 the assistant professor or associate professor?

12 Q. I'd love to each hear each level, but I was
13 thinking of the instructor level first.

14 A. The instructor level. That's pretty much
15 given to people who are working in an academically
16 affiliated institution, because they generally have
17 some academic duties.

18 For example, when I became an intern at
19 the Brigham, I was appointed an instructor more or
20 less routinely; and as part of that I taught some
21 medical students who were affiliated with the
22 Brigham.

23 Q. And you say you were appointed routinely,
24 more or less; but I wonder how that process plays

1 out.

2 A. Harvard has appointing departments; and
3 usually a professor in the appointing department
4 appoints people in certain programs to the rank of
5 instructor.

6 I probably should revise that,
7 I think. As an intern and as a resident you're
8 really in training status and you're probably a
9 teaching fellow, and the first faculty appointment
10 comes later.

11 So that would make the first faculty
12 appointment come while I was at Mass Mental Health
13 Center, after my residency.

14 So that should be revised. You're not
15 an instructor when you're in training status, as
16 interns and residents are.

17 Q. And what was the process whereby you
18 received the faculty appointment while you were at
19 MMHC?

20 A. The appointing professor at Mass Mental
21 Health did that.

22 Q. Did you ever hear of somebody named Miles
23 Shore?

24 A. Yes. He came on as head of Mass Mental

1 Health after I had been there, and he was
2 appointing professor for many years.

3 Q. Now, does Harvard have appointing
4 professors anywhere besides Mass Mental Health
5 that you know of?

6 A. Just FYI, Mass Mental Health has since
7 merged with the Beth Israel Deaconess.

8 So yes; in psychiatry, I think there
9 are seven appointing professors. I'm one of them,
10 for Harvard at the VA. There are others at McLean,
11 Mass General, Children's-slash-Judge Baker,
12 Cambridge Hospital, and of course BIDMC.

13 Q. I'm sorry; I'm still not getting a very
14 clear picture of exactly what the process of
15 appointment entails.

16 A. You want a general statement that's
17 probably applicable at Harvard?

18 Q. Well, I was thinking it might be best if
19 you stuck to what you're particularly familiar with
20 from your own experience.

21 A. People who come on the staff who are
22 VA employees get appointed Harvard instructors if
23 they're involved in teaching programs or academic
24 programs or research; that is, if they are in some

1 way involved in academia.

2 Q. And what's the process?

3 A. The process is that I guess their
4 curriculum vitae is reviewed; and if they're
5 interested in teaching academic things, and they
6 appear to be qualified, they're appointed.

7 This is something that's done pretty
8 much by the appointing professor.

9 Q. What about the appointment to assistant
10 professor? Is that the same?

11 A. No. That's very different. There, the
12 appointing professor makes a recommendation to the
13 Harvard psychiatry executive committee, which then
14 makes a recommendation that's sent to the committee
15 on promotions and appointments, a Harvard-wide
16 committee, where people outside of psychiatry
17 as well as within psychiatry make a judgment
18 on the academic qualifications of the person.

19 There are some appointments that go
20 to people who have served for a very long time at
21 Harvard that don't have quite as strict academic
22 requirements; people who have done teaching, for
23 example, for a long time.

24 Q. Did you have a position in the Harvard

1 South Shore psychiatric residency program during
2 the years 1999 through 2004?

3 A. How do you mean, did I have a position?

4 Q. Well, were you in any kind of connection
5 to the Harvard South Shore psychiatric residency
6 program during the years 1999 through 2004?

7 A. Well, of course I was head of the
8 Harvard department from roughly 1993-1994 on, so
9 the academic appointments came through me; and I was
10 also chief of psychiatry, that is, the service
11 chief.

12 But I was not the residency director
13 who really runs the program, nor the VA officer who
14 oversees all VA educational programs. I can explain
15 if you have any further questions.

16 Q. Well, that's exactly what I'm interested
17 in; so please tell me about that.

18 A. How can I help you understand?

19 Q. Well, I'd like to know what your role was.

20 A. Harvard has an agreement with all of
21 the institutions where it is the academic affiliate;
22 and essentially in my role as head of the Harvard
23 department I've represented Harvard, in the sense
24 that Harvard doesn't get involved in day-to-day

1 operations, the actual running of the program,
2 but likes to be involved in strategic planning,
3 and likes to make sure that academic quality
4 is preserved.

5 In my other role as head of the mental-
6 health service line or mental-health services, the
7 residents are involved in the day-to-day clinical
8 activities of the hospital; and so, obviously, I
9 had an interest in making sure that the residents
10 provided good clinical care, and that the patients
11 received good clinical care.

12 The residency director had the
13 responsibility for the day-to-day running of the
14 program.

15 The judgments about suitability of
16 residents for promotions within the residency were
17 handled by the evaluations and promotions committee,
18 a group of physicians within the VA who consulted
19 with the residency director.

20 Then, above them all was the individual
21 within the VA who bore overall responsibility for
22 quality of the residency program, who was the
23 associate chief of staff for education.

24 Q. By the way, who was the residency director

1 between 1999 and 2004, if you remember?

2 A. Of the Harvard South Shore?

3 Q. Yes.

4 A. Dr. Mushrush.

5 Q. Grace Mushrush?

6 A. That's right.

7 Q. By the way, how was it that Harvard went
8 about assuring that the academic quality of the
9 program was preserved?

10 A. Harvard did not take part in any direct
11 oversight of that. It was primarily strategic
12 planning, overall direction of the program.

13 The clinical quality of the program, I
14 probably should be clear, there are strict criteria
15 for performance within residency. Harvard doesn't
16 oversee those. That's the institution's
17 responsibility. So that was the VA's
18 responsibility.

19 Q. And where is all this written down?

20 A. I think in a memorandum of understanding
21 between Harvard and the VA.

22 Q. Have you ever seen it?

23 A. Yes.

24 Q. Do you recall when that was?

1 Q. By the way, that's something that I didn't
2 get a very clear picture of.

3 You said that people who got appointed
4 to the, I think you said, assistant-professor level
5 at the medical school went to something called
6 the...

7 A. I understood for you to ask about promotion
8 at Harvard.

9 For assistant and associate
10 professors, a recommendation is made by the
11 appointing professor in one of the departments to
12 the psychiatry executive committee; who if they
13 approve send it on to the Harvard appointments
14 committee, who says yea or nay.

15 For full professors, there is a
16 different procedure, in that a search committee is
17 formed.

18 If it's a promotion from within, it's
19 an ad hoc search committee. If a person is being
20 sought for a position, it's a search committee with
21 outside applicants.

22 The search committee deliberates, and
23 they make their recommendation to the subcommittee
24 of professors and eventually to the council of

1 the program, but were not involved as much in the
2 training component.

3 Q. Do you know if residents pay any form of
4 tuition or charge for being in the program?

5 A. I don't think they do.

6 Q. Do you know how they're supported?

7 A. Yes. The residents in the Harvard South
8 Shore program are paid through the VA.

9 There are a couple of residency slots
10 that are paid by the state.

11 Q. Any paid by Harvard?

12 A. No.

13 Q. Do you know if Dr. Mushrush is the director
14 of the program today?

15 A. Dr. Mushrush is currently director of the
16 Harvard South Shore residency training program.

17 Q. And is that going to change any time in the
18 near future, to your knowledge?

19 A. There is a search, and it's open to Dr.
20 Mushrush to apply for the position.

21 Q. Do you know if there's a point at which
22 the search will be concluded and some person will be
23 appointed, and that person might be Dr. Mushrush?

24 A. No, I don't. Searches are hard to predict.

1 Q. Do you know who initiated the search?

2 A. Yes.

3 This was when Dr. Kaplan came on board
4 as chief. He in consultation with Dr. Charness, who
5 is an associate dean, I think, for Harvard-VA
6 affairs with Harvard, and is also chief of
7 staff at the VA.

8 Q. Do you know what Dr. Charness's first name
9 is?

10 A. Michael.

11 Q. I think you used the word dean to describe
12 him. Does that mean he's a dean of the medical
13 school?

14 A. He may be an associate dean for Harvard-VA
15 affairs, or a title something like that.

16 Q. I'm trying to understand what kind of dean
17 he might be, or what his deanly role might be.

18 A. Again, Harvard has to have some liaison
19 with the VA.

20 Dr. Charness came on board maybe
21 2001, 2002, 2003, I'm not sure; and before that
22 the liaison with the VA had been the dean for
23 clinical affairs, Dr. Ray Dolan.

24 Dr. Charness has a Harvard appointment,

1 can tell me any more in the way of detail about
2 that.

3 A. Well, I can tell you about Dr. Dolan;
4 and there was usually a joint meeting of VA chiefs
5 of services and the deans responsible for academic
6 liaison from Harvard and from BU.

7 There was a monthly, or every-other-
8 month, or quarterly meeting where issues of concern
9 were discussed, plans were discussed. Otherwise,
10 there wasn't much contact.

11 Q. Now, you testified earlier that Harvard
12 didn't get involved particularly in day-to-day
13 operation of the residency program.

14 Do you know if Dr. Mushrush holds a
15 faculty appointment at Harvard Medical School?

16 A. She is a clinical assistant professor, and
17 I'm not sure of her date of appointment for that.

18 Q. Are there any other clinical assistant
19 professors besides her that you haven't mentioned?

20 A. That are involved in the program?

21 Q. Yes.

22 A. Not that I can recall.

23 Q. Can you describe for me the strategic
24 issues and questions that the Harvard-affiliated

1 administrators address themselves to?

2 A. One of the issues was, there was a merger
3 of Brockton-West-Roxbury/Jamaica Plain.

4 Often students affiliated with one
5 school might have contact with teachers from another
6 school, and the question was is this okay; that kind
7 of thing.

8 Q. Now, you say teachers from another school.
9 Does that mean...

10 A. That would mean Harvard teachers for BU
11 students, or BU teachers for Harvard students.

12 Q. Do you know if anybody held appointments at
13 both BU and Harvard?

14 A. Dr. Charness does, and I hold a lecturer
15 appointment at Boston University.

16 Lecturer appointments at Harvard
17 are usually given to individuals that have special
18 responsibilities for positions that are important at
19 Harvard, but are not primarily in the Harvard
20 academic ladder.

21 Q. Do you have an office at Harvard?

22 A. I have an office at the VA, but not within
23 the Harvard Medical School itself.

24 Q. Do you know if the structure, as

1 would-be psychiatrists to apply to the program?

2 MR. FIELD: Objection. You can answer.

3 A. It's one factor.

4 Q. You've told me so far that there's a
5 director of residency, who I think was Dr. Mushrush
6 or is Dr. Mushrush?

7 A. That's correct.

8 Q. And yourself. What other administrators
9 are there in the Harvard South Shore psychiatric
10 residency program?

11 A. There's the residency director; and above
12 Dr. Mushrush is Dr. Kantor, who is the VA associate
13 chief of staff for education.

14 That's the residency educational
15 organization that makes sure that the program is
16 accredited, and that the residents fulfill all of
17 the necessary requirements.

18 On another level from that, there are
19 the clinical-service chiefs, of which I was one for
20 mental health, who have as their responsibility to
21 insure good clinical care for patients.

22 Q. And who makes up that side, if you will, of
23 the organizational structure?

24 A. I'm sorry; which side?

1 South Shore?

2 A. Yes.

3 Q. Can you describe that for me, please?

4 A. Yes. There is a residency admission
5 committee; and then there's the evaluation and
6 promotions committee, which meets to decide which
7 residents should be promoted and which residents
8 need additional work before being promoted.

9 Q. Any other committees?

10 A. Yes, I think there are. Those are the ones
11 that come to my mind.

12 Q. Do you have any how many others there might
13 be?

14 A. I don't know. Maybe a couple more. I'm
15 not quite sure.

16 Q. Have you ever heard of a training
17 committee?

18 A. Yes. That would be the committee, I guess,
19 that oversees the residency education program.

20 The names of some of these committees
21 may have changed throughout the years, so that may
22 account for some of the differences that there are
23 in terminology.

24 Q. Do you ever get involved in issues of

1 A. I think it's a he, and I think he was a
2 resident; and I understood there was some kind of
3 difficulty, and I'm not certain of the nature of
4 that.

5 Q. Would you ever have occasion to look at a
6 resident's file?

7 A. I don't recall doing that.

8 Q. By the way, when someone enters the program
9 as a resident, do they sign anything; an agreement
10 of any kind?

11 A. I assume they sign a lot, because you can't
12 get into the VA without signing a lot of things; but
13 I can't tell you all of the forms.

14 Q. By the way, have you ever taught rotations
15 as part of the residency program?

16 A. Do you mean was I in charge of a clinical
17 rotation and clinical supervision for a particular
18 tour of duty?

19 Q. Well, there you go again. I use the word
20 teach, and I don't know...

21 A. And which time period are you...

22 Q. 1999 to 2004.

23 A. No, I was not doing that.

24 Q. Have you ever done it; ever?

1 Q. What about good pedagogical or educational
2 practice?

3 A. I'm sorry; I'm not understanding what you
4 mean.

5 How would that come up with a resident?
6 You mean if the resident was teaching somebody the
7 wrong thing?

8 Q. No; if the resident wasn't learning as well
9 as the resident should be learning.

10 A. If the resident wasn't learning clinical
11 medicine and how to treat patients, that's serious.

12 I mean, you said pedagogy; and I'm
13 distinguishing pedagogy in the sense of learning
14 about a subject from learning medical practice.

15 Q. Well, what's the basis? You mentioned that
16 sometimes residents don't get promoted.

17 By the way, how often does that happen,
18 in your experience?

19 A. Not terribly often.

20 Q. Once a year?

21 A. Maybe less.

22 Q. How often have residents been asked to do
23 remedial training?

24 A. Again, I'm not certain that I know of all

1 there was the VA establishment of a residency
2 program that enabled it to receive VA stipends
3 for its trainees.

4 Q. And then, did Harvard supply the
5 educational component?

6 A. No. As I said, Harvard doesn't prescribe
7 educational components for residents.

8 That's the responsibility of Dr. Kantor,
9 or the ACOS for education, the residency director
10 and the ACGME.

11 Q. Do you think it would be fair to put a
12 resident on probation without giving any warning or
13 explaining why?

14 A. I'm not aware that that's been done.

15 Q. But that's not the question that I asked.

16 MR. FIELD: Objection. You can answer
17 it.

18 A. I would not follow that procedure. I would
19 not recommend that procedure be followed.

20 Q. Have you ever heard of someone named Ted
21 Trevis?

22 A. I don't recall the name.

23 Q. If I mention the Brigham and Women's
24 Hospital, would that...

1 A. Dr. Badgaiyan's promotion or nonpromotion.

2 Q. And how did that come up?

3 A. It came up because the promotions committee
4 was concerned that there had been what they deemed
5 to be serious problems with him, so that they didn't
6 deem him worthy of promotion.

7 Q. Do you recall what the problems were?

8 A. Again, I don't know the details; but the
9 bottom line was that his clinical performance
10 wasn't good, and his attitude wasn't good.

11 Q. How did you learn about that?

12 A. Through Dr. Swett, whom I talked with about
13 this.

14 Dr. Swett had also discussed this with
15 Dr. Mushrush, and people who were Dr. Badgaiyan's
16 supervisors.

17 Q. Can you remember any of their names?

18 A. Dr. Badgaiyan's supervisors? I don't
19 recall them exactly.

20 Q. Did you ever discuss Dr. Badgaiyan with
21 Dr. Mushrush?

22 A. My main contact was through Dr. Swett, who
23 was chief of clinical operations in mental health;
24 and he also was a member of the promotions and

1 evaluations committee.

2 Q. And my question really was, did you ever
3 discuss Dr. Badgaiyan with Dr. Mushrush.

4 A. Yes.

5 Q. And when was that, the first time?

6 A. Probably at the beginning, when he was a
7 candidate for residency; and then the next time I
8 can be sure of, although it probably came up from
9 time to time, was in May 2002.

10 Q. And what did Dr. Mushrush say to you about
11 Dr. Badgaiyan?

12 A. Well, at that point I don't recall my
13 conversations with Dr. Mushrush. I recall them
14 mainly with Dr. Swett, who was the chief of clinical
15 operations and also a member of the promotions and
16 evaluations committee.

17 So I don't recall specifically what went
18 on with Dr. Mushrush.

19 Q. Do you recall at any time anything that
20 Dr. Mushrush ever said to you about Dr. Badgaiyan?

21 A. I recall Dr. Mushrush concurred with
22 Dr. Swett's opinion that he was having problems
23 in his clinical-residency performance and attitude.

24 Q. And do you recall when you learned that?

1 A. Again, what I recall is in May 2002.
2 There could have been something earlier, but my
3 recollection is largely based on these e-mails.

4 I, again, was a pretty busy person,
5 worrying about a 300-man-and-woman health service.

6 Q. And what did Dr. Swett say to you about
7 Dr. Badgaiyan?

8 A. He said there were problems with his
9 clinical performance and his attitude.

10 Q. And did he describe those problems for you?

11 A. Yes, he did. I can't recall the details,
12 but he certainly described them; and also his
13 consultations with Dr. Badgaiyan's immediate
14 supervisors.

15 Q. I think I may have asked you this; but just
16 to make sure, can you recall any of those immediate
17 supervisors were that he referred to?

18 A. They were people on different rotations,
19 and that was not my level of involvement with the
20 program.

21 Q. I understand that; but the question is, do
22 you remember their names?

23 A. No, I don't remember their names.

24 Q. Just so I'm clear, I asked you if Dr.

1 that are in the evaluations?

2 A. Perhaps I shouldn't have used the term
3 grades. He did not get excellent evaluations.

4 Q. Do you know how the evaluation system is
5 ranked?

6 A. He was not passing; was not satisfactory.

7 Q. Do you recall anything else that Dr. Swett
8 said about Dr. Badgaiyan?

9 A. I think that was the gist of what he said.

10 Q. Is that all you recall today?

11 A. That's all I recall today. This was,
12 again, 2002.

13 Q. Do you know the basis is on which awards
14 are granted to...

15 A. I'm sorry. Which awards are you talking
16 about?

17 Q. Something called the duPont fellowship,
18 I think.

19 A. I'm very familiar with that one. That's
20 a purely research fellowship, that's awarded by the
21 Harvard department of psychiatry from money given to
22 it; and it's a competitive fellowship. I sponsored
23 Dr. Badgaiyan for that.

24 Q. There's another one, that begins with an M.

1 A. There is a Livingston.

2 Q. There's a fellowship that's supposed to be
3 awarded to residents across the...

4 A. Oh, the Maisel Award?

5 Q. That might be it.

6 A. That's given to a resident who has the
7 outstanding research poster at Harvard Research Day.

8 Q. Do you know how the selection is made?

9 A. On the basis of research merit.

10 Q. I believe that, but the question is what
11 the process is.

12 A. The residents put up posters. There is
13 a Maisel judging committee that goes around and
14 evaluates the candidate posters and then selects
15 the best.

16 Q. Is it a vote?

17 A. It's consensus among the committee; right.

18 Q. And who is on the committee?

19 A. Whoever is on the Maisel Award committee;
20 which is usually people who have a strong research
21 interest within the several Harvard departments of
22 psychiatry. It changes from year to year.

23 Q. Did you ever talk with Dr. Badgaiyan
24 directly after he was admitted to the residency

1 A. Well, the whole issue of his performance of
2 course came up in May 2002.

3 Q. I'm going to ask you to tell me everything
4 that you can recall about whatever aspect of his
5 performance caught your eye at that time.

6 A. Caught my eye.

7 I think I reported that Dr. Swett
8 discussed with me the problems that he was
9 hearing about in his performance.

10 Q. But the only thing I recall you mentioning
11 was that there were some attendings, or whoever the
12 people are that run the rotations, who had some
13 issues.

14 A. Dr. Swett had an opinion, and in the
15 opinion of the evaluations and promotions committee
16 the problems were sufficiently strong that they
17 recommended against promoting him.

18 They thought he was not performing
19 adequately in terms of clinical psychiatry.

20 Q. And I guess my question to you is if you
21 can recall today any of the bases that led them to
22 reach that conclusion.

23 A. I don't know all of them.

24 MR. FIELD: Objection. This is the